



RECEIVED

MAY 26 2010

DEPARTMENT OF ECOLOGY - CENTRAL REGIONAL OFFICE

Water Resources Program
Request for Determination of Water Budget Neutrality

☐ SURFACE WATER ☒ GROUND WATER

Section 1. APPLICANT

Applicant/Business Name: Tom Whitaker + MARGARET WHITAKER	Phone No: (509) 674-2731	Other No:
Address: 1800 Zrebiec Rd.		
City: Cle Elum	State: WA	Zip: 98922-8603
Email Address (optional): pbw50@yahoo.com		

Contact Name (if different from above):	Phone No:	Other No:
Relationship to Applicant:		
Address:		
City:	State:	Zip:
Email Address (optional):		

Section 2. STATEMENT OF INTENT

Briefly describe the purpose of your proposed project: Build one residence

Anticipated length of time to complete your project: unknown

For Ecology Use	APPLICATION NO: 64-35333	SEPA: Exempt/Not Exempt		
	Fee Paid: <u>2</u> Check No: <u>1</u>	ECY Coding: 001-001-WR1-0285-000011		
Date Returned	By	Priority Date: May 26, 2010	By: <u>[Signature]</u>	WRIA: 39 Kittitas

Water Use: List all proposed uses and the quantity required for each.
Domestic and Irrigation

Purpose(s) of Use	Rate (check one box only)		Acre-Feet per Year (AF/YR) (If known)	Period of Use (Continuously or Seasonal)
	<input type="checkbox"/> Cubic Feet per Second (CFS)	<input checked="" type="checkbox"/> Gallons per Minute (GPM)		
Domestic	5 gpm		0.12 (CU)	Continuously
Irrigation	5 gpm		0.02 (CU)	Seasonal
TOTAL:	12 gpm		0.14 (CU)	

Section 3. POINT OF DIVERSION OR WITHDRAWAL

Complete A or B, and C below

A.) If Surface Water Source

☐ Spring ☐ Creek ☐ River ☐ Lake

☐ Other: _____

Source Name: _____

Tributary to: _____

Number of proposed diversion points: _____

Do you have an existing diversion? ☐ YES ☐ NO

B.) If Ground Water Source

Do you have an existing well? ☒ YES ☐ NO

☒ Well(s) ☐ Other: _____

Existing well diameter & depth: 6" ; 643' _____

If available, attach Water Well Report and pump test.

Well Tag ID No. BAP-327

Number of proposed points of withdrawal: 1

C.) Point of Diversion/Withdrawal – Legal Description

Parcel No.	¼	¼	Section	Township	Range	County
	NE	NW	3	19	14	Kittitas
Lot(s)	Block(s)		Subdivision			

If known, enter the distances in feet from the point of diversion or withdrawal to the nearest section corner:

_____ Feet (☐ North/☐ South) and _____ feet (☐ East/☐ West)

from the (☐NW ☐SW ☐NE ☐SE ☐ _____) corner of Section _____.

39
Kitt

NOTE: If more than one point of diversion/withdrawal, attach additional information on a separate sheet of paper.

Attach a map of your project showing the point of diversion/withdrawal and place of use. If platted property, be sure to include a complete copy of the plat map.

Section 4. WATER SYSTEM INFORMATION Complete A or B, C, D, E and F below	
A.) Domestic Water Systems only	B.) Municipal Water Systems only <i>(defined under RCW 90.03.015)</i>
Projected number of connections to be served: 1 _____	Present population to be served water: _____
Type of connections: Residential _____ <i>(e.g., home, recreational cabin)</i>	Estimate future population to be served: _____ (20 year projection)
C.) Water System Planning	
Do you have a Water System Plan approved by the Washington State Department of Health, Drinking Water Division? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, date plan was approved ____/____/____ Water System Number: _____ Name of water system: _____ Are you within the service area of an existing water system? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, explain why you are unable to connect to the system: _____ _____ _____ _____ _____ _____	
D.) On-Site Septic	
Will there be an on-site septic system? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If yes, please provide a copy of the property covenant that restricts or prohibits trees or shrubs over the septic drain field.	
E.) Sanitary Sewer System	
Will domestic wastewater be discharged to a sanitary sewer system? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, please provide a copy of the sewer utility agreement that serves the proposed project.	
F.) Irrigation	
Total number of acres requested to be irrigated under this application = 0.01 _____ Acres <i>NOTE: Outline the area to be irrigated on your attached map.</i>	

Section 5. MITIGATION

To receive a new water right under Chapter 173-539A WAC, the applicant must identify an existing trust water right or pending application to place a water right in trust. The trust water right(s) must:

- Contribute an equal or greater amount to Yakima River flow during the irrigation season, as measured at Parker.
- Have a priority date earlier than May 10, 1905.
- Be eligible to be used for instream flow protection and mitigation of out-of-priority uses.

A) Existing Trust Water Right

Please identify existing trust water right(s) for use as mitigation.

Water Right No.	Rate (check one box only)	Acre-Feet per Year (AF/YR) (If known)	Priority Date
	<input checked="" type="checkbox"/> Cubic Feet per Second (CFS) <input type="checkbox"/> Gallons per Minute (GPM)		
Claim No. 5259	0.5 cfs	57.5	Oct. 30, 1884
	TOTAL:		57.5

B) Proposed Trust Water Right Application

Please identify the pending application(s) to place a water right(s) into trust for use as mitigation.

Water Right No.	Rate (check one box only)	Acre-Feet per Year (AF/YR) (If known)	Priority Date
	<input type="checkbox"/> Cubic Feet per Second (CFS) <input type="checkbox"/> Gallons per Minute (GPM)		
	TOTAL:		

Section 6. PLACE OF USE

Attach a copy of the legal description of the property (on which the water will be used) taken from a real estate contract, property deed or title insurance policy, or copy it carefully in the space below.

Parcel A of that certain Survey as recorded July 29, 1994, in Book 20 of Surveys, page 88, under Auditor's File No. 573307, records of Kittitas County, Washington.

¼	¼	Section	Twp.	Range	County	Parcel No.
NE	NW	3	19	14	Kittitas	11488 & 956579

Section 7. REQUIRED SIGNATURES

I certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that in order to process my request, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though employees of the Department of Ecology may have assisted me in the preparing this application, I am fully responsible for the accuracy of the information provided.

Tom + MARGARET Whitaker

Print Name

(Applicant or authorized representative)

Tom Whitaker

Margaret Whitaker

Signature

5/24/10'

Date

TOM + MARGARET Whitaker

Print Name

(Land Owner, if seeking to use the ground water exemption)

Tom Whitaker

Margaret Whitaker

Signature

5/24/10'

Date

Submit this form to:

DEPARTMENT OF ECOLOGY
WATER RESOURCES PROGRAM
CENTRAL REGIONAL OFFICE
15 W. YAKIMA AVE, SUITE 200
YAKIMA, WA 98902-3452